Filed in Compliance with Election Code Section 254.204. B Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800

1-800-325-8506

SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT**

FORM SPAC COVER SHEET PG 1

	- All and a second a second and					
The SPAC Instruction Gu	ide explains how to complete this form.	2 Total pages filed:				
3 COMMITTEE NAME						
(2007) Cardid	(2007) Candidate for Mayor - GEORGE D. MILES, JR. Pare Received CEIVED					
		PERECEIVED				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	JAN 9 9 2012				
Change of Address	673 Elkins Like - Huntsville, Tx 17340	pate-Hand-delivered-or-Date-Postmarked-J				
	(936)291-2536	Holia Yw				
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount				
NAME	No. longer. applicablesuffix	Date Processed				
	CONTENT APPROPRIA AND DO COVENIANTE AND DO COVEN	Date Imaged				
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIB CODE				
(Residence of pusitiess)	Nolonger applicable					
7 CAMPAIGN TREASURER'S MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE;	ZIP CODE				
Change of Address	Nolonger applicable	·				
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION					
TREASURER PHONE	() No lonzer applicable					
9 REPORTTYPE	☐ 30th day before election	Exceeded \$500 limit				
ı	July 15 8th day before election Runoff	Dissolution (attach PAC-DR)				
	Ruildii	10th day after campaign treasurer termination				
10 PERIOD COVERED	Month Day Year	Month Day Year				
	01 /07 / 11 THROUGH	01/09/12				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year					
	// / O & /// Primary Runoff	General (Special				
		V				
GO TO PAGE 2						

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME) <i>/</i> /.	1.1.4 l. Sman	-GEORGE D. MILES, JR.	ACCOUNT# (Ethics Commission filers)
Jorner (2007)) Cana	idele for Mayor	-GEORGE D. MILES JR.	
13 COMMITTEE		/ /	CANDIDATE / OFFICEHOLDER NAME	
PURPOSE (Attach lists on plain			Supporting Candidates for Mayor	of City Couveil works
paper to complete this		, IC-20	1, 2, and to all sames are	on Schokule F
report if necessary.)		CANDIDATE 5	candidate / OfficeHolder NAME Supporting Candidates for Mayor 1, 2, and 4. Oll names are attached.	J. Doubles .
			OFFICE SOUGHT (candidate) / OFFICE HELD (office)	
SUPPORT		OFFICEHOLDER	i e	·
(Candidate or Measu	ure)			
OPPOSE				
(Candidate or Meas	ure)		BALLOT IDENTIFICATION / # ELE	CTION DATE
			Month	Day Year
		MEASURE		
(Officeholder)			DESCRIPTION	
(Omocriciaer)				
14 CONTRIBUTION	1.		ITRIBUTIONS OF \$50 OR LESS (OTHER THAN	\$
TOTALS		PLEDGES, LOANS, OR	GUARANTEES OF LOANS), UNLESS ITEMIZED	Ψ
	2.	TOTAL POLITICAL	CONTRIBUTIONS	\$
		(OTHER THAN PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS)	Ψ
EXPENDITURE	3.	TOTAL POLITICAL EXP	ENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
TOTALS				Ψ
	4.	TOTAL POLITICAL E	EXPENDITURES	\$ (7-2-0)
•				\$ 900,00
CONTRIBUTION	5.	TOTAL POLITICAL CON	TRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$
BALANCE		OF THE REPORTING P		827,97
				0 + 1, 7/
OUTSTANDING	6.		DUNT OF ALL OUTSTANDING LOANS AS OF THE	\$ 0-
LOANTOTALS		LAST DAY OF THE REF	PORTING PERIOD	-0-
15 AFFIDAVIT				
			I swear, or affirm, under penalty of perju	
			report is true and correct and includes all	•
			reported by me under Title 15, Election (Lode.
JENNIFER L. DRANE				
MY COMMISSION EXPIRES				
February 7, 2014 Signature of damps/ign-treasurer FOR M. F.R.				
OANDIDATE				
Sworn to and subscribed before me, by the said				
of Jan , 20 17, to certify which, witness my hand and seal of office.				
(- // \)	11.	_, to contra writer, with	De 1 Description	1.
Amnon a	NU	ind Jeny	71ter L. Drahe 110	tary
Signature of officer admini	stering o	ath Printed na	me of officer administering oath Title of offi	cer administering oath

POLITIC	SCHEDULE F			
The Instruction Guide explains how to complete this form.				s Schedule F:
2 FILER NAME GEORGE D. MILES, JR.				# (Ethics Commission filers)
4 Date 4	7 Amount (\$)			
required.) Umba	ent (See instructions regarding type of information uaw loatwhater f Yexas, complete Schedule T)	9 Complete if dir Candidate / Officeholder n	ame	to benefit C/OH Office sought Office held Ouweilman
Date 9-9-11 (Payee name Joe Emmett Campaign for Code Payee address; City; State; Zip Code 1304 Alenue O- Huntaville	ty Council, Wo le, TX 77340	ud!	Amount (\$) \$200,00
required.) Ampliq	ent (See instructions regarding type of information The Control of the Control o	Candidate / Officeholder na TOE EMMETT	ame	to benefit C/OH Office sought Office held Office was consistent of the consistency of
9-9-11	Payee name Fish Humphrey Campaign for Payee address; City; State; Zip Gode 305 Forest Lane. Hunthuil	lity louncil, u lle, T × 77340	Jan 2	Amount (\$) \$200,00
required.) Camps	ent (See instructions regarding type of information Ligary Contribution of Texas, complete Schedule T)	** Complete if dire Candidate / Officeholder na TISH HUMPHR	ame (to benefit C/OH Office sought Office held Ly Collectelworner
Date 10-20-11	Payee name Muc Woodward Cambaign. Payee address; City; State, Zip Code, LII Quenue Q - Huntaville	for Mayor ,TX 17340		Arnount (\$) \$\mathcal{A} \mathcal{Q} \mathcal{O} 0 0 0 0
required.)	ent (See instructions regarding type of information an Contribution Texas, complete Schedule T)	•• Complete if dire Candidate / Officeholder na MAC WooDWAR	me (o benefit C/OH •• Office sought Office held MAYOR
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

POLITIC	CAL EXPENDITURES		SCHEDULE F	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule F:	
2 FILERNAME GEORGE D. MILES, JR.			3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Payee name 7 Amount (\$) Clyde Loll Campaign for City Council, Ward of 6 Payee address; City; State, Zip Code 1/37 Elkins Like - Huntsville, T x 77340			
required.) May	ment (See instructions regarding type of information ugustout of Texas, complete Schedule T)		ect expenditure to benefit C/OH ••	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
required.)	ment (See instructions regarding type of information of Texas, complete Schedule T)	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• ame Office sought Office held	
Date	Payee name		Amount (\$)	
	Payee address; City; State; Zip Code			
Purpose of pay required.)	 ment (See instructions regarding type of information	Complete if direction of the Candidate / Officeholder not be considered to the Candidate / Of	ect expenditure to benefit C/OH ** ame Office sought Office held	
(If travel outs	ide of Texas, complete Schedule T)			
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
Purpose of pay required:)	ment (See instructions regarding type of information	•• Complete if din —Candidate / Officeholder.n	ect expenditure to benefit C/OH •• arne Office sought Office held	
(If travel outsid	e of Texas, complete Schedule T)			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				